



Initial Insurance Enrollment Form – Medicare Retirees/Survivors

01 ☐02 ☐

BASIC LIFE & HEALTH COVERAGE

Effective Date: / 01 /

☐ **Basic Life and Health** (Select one of the health plans below and individual or family coverage)

☐ **Basic Life Only**

Note: Survivors not eligible for Basic Life

Health Plan – Medicare Retirees/Survivors

☐ **Fallon Senior Plan (HMO)**☐ **Tufts Medicare Preferred (HMO)**

If enrolling in one of these two Medicare plans, the GIC will notify the plan to forward their Medicare application to you to complete and return.

☐ **Tufts Medicare Complement (HMO)**☐ **Health New England MedPlus (HMO)**☐ **Harvard Pilgrim Medicare Enhance (Indemnity)**☐ **UniCare State Indemnity Plan / Medicare Extension (OME)(Indemnity)**CIC: ☐ Yes ☐ No

Coverage

☐ Individual

☐ **Family**

SPOUSE/DEPENDENT INFORMATION

List below all family members, including your spouse or former spouse (if eligible), who will be covered under your health plan. Attach a separate sheet if additional space is required. Please provide all Social Security Numbers (required under Federal Law Section 111) and exact dates of birth for each dependent. To add a dependent age 19 to 26, you must also complete and return to the GIC a Dependent Age 19 to 26 Enrollment Application. **Important:** The Group Insurance Commission requires you to provide a copy of a marriage certificate, birth certificate, certificate of appointment as legal guardian, legal separation agreement, and divorce decree for each person you list as a dependent.

Effective date:

SPOUSE INFORMATION

Are you and/or your children covered under your spouse's group health insurance plan? You: ☐ Yes ☐ No Children: ☐ Yes ☐ No

FORMER SPOUSE INFORMATION

Is your former spouse remarried? ☐ Yes ☐ No If yes, date of remarriage _____ Are you remarried? ☐ Yes ☐ No If yes, date of remarriage _____

Signature of Applicant _____ Date _____ Signature of Authorized Official _____ Date _____

FOR GIC USE ONLY:	Entered	Verified	Political Subdivision
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